

# ARMY- SPONSORED TRAINING APPLICATION

(Proponent of this form is INSCOM (IAPER))

## PRIVACY ACT NOTICE

Individuals asked or required to furnish personal information are advised of the following: AUTHORITY: 5 US. CODE 3302. PURPOSES & USES: Your completed ARMY - SPONSORED TRAINING APPLICATION will be used by a rating panel of subject matter experts in determining whether you are highly qualified for consideration for Army-sponsored training. It may also be reviewed by selecting officials & other personnel involved in the selection process, in developing training plans, and in other phases of the program. Information you supply may also be used for preparing reports, and replying to correspondence.

<b>CHECK ONE SCHOOL OR</b>	<input type="checkbox"/>	ACP	<input type="checkbox"/>	AMSC	<input type="checkbox"/>	AWC	<input type="checkbox"/>	AWCC	<input type="checkbox"/>	EMPEP	<input type="checkbox"/>	GCA/AFIT
	<input type="checkbox"/>	HSC	<input type="checkbox"/>	ICAF	<input type="checkbox"/>	LEDC	<input type="checkbox"/>	LEGIS	<input type="checkbox"/>	MMPEP	<input type="checkbox"/>	NWC
	<input type="checkbox"/>	SARSF	<input type="checkbox"/>	SMPEP	<input type="checkbox"/>	TMPEP	<input type="checkbox"/>	CPD-Univ	<input type="checkbox"/>	CPD-TWI	<input type="checkbox"/>	CPD-Dev
	<input type="checkbox"/>	OTHER (specify):										

1. NAME (Last,First, Middle Initial)		2.. Social Security Number		3. Pay Plan/Series/Grade/Step	
4. ARMY ACQUISITION CORPS MEMBER? YES <input type="checkbox"/> NO <input type="checkbox"/>		5. Length of Service (Years,Months)		6. Last Promotion (Year, Month)	
				7. Career Program	
				8. Security Clearance	
9. Home Address(Street,City, State & Zip)		10. Organization Name/Office Address		11. MACOM	
12. PHONE NUMBERS		a. HOME (with area code)		b. OFFICE DSN	
				c. OFFICE Commercial	
				d. OFFICE FAX	

**13. MOTIVATION FOR ATTENDANCE:** What do you hope to achieve by participating in this program? Address how attendance will enhance your contribution to the organization and the Army's mission. (Response must not exceed this page.)

14. APPLICANT SIGNATURE

15. DATE

**SUPERVISORY RATING AND ENDORSEMENT**

16. For each knowledge or ability shown, please indicate the level that best describes your observation of the applicant's performance with respect to that knowledge or ability, using the following numerical scale:

5 - SUPERIOR

3 - ACCEPTABLE

1 - UNACCEPTABLE

4 - HIGHLY ACCEPTABLE

2 - MINIMALLY ACCEPTABLE

0 - UNKNOWN

\_\_\_\_\_ **ABILITY TO RESEARCH, ANALYZE & EVALUATE.** Ability to obtain information, define problems, identify relationships, evaluate quality, assess impacts & consequences, make conclusions/recommendations, ability to determine quality of project programs, or performance by comparison against standards or objectives.

\_\_\_\_\_ **ABILITY TO COMMUNICATE ORALLY.** Ability to brief, instruct, explain, advise, or persuade on job-related matters.

\_\_\_\_\_ **ABILITY TO COMMUNICATE IN WRITING.** Ability to express ideas in writing, e.g., reports, information papers, letters, manuals, published professional or other material.

\_\_\_\_\_ **PROFESSIONAL KNOWLEDGE.** Expertise and knowledge of his/her occupational field.

\_\_\_\_\_ **KNOWLEDGE OF POLICY MAKING PROCESS.** Knowledge of methods, procedures and systems used to develop and issue policy, understanding and assessing impact of policy upon user.

\_\_\_\_\_ **ABILITY TO INNOVATE AND SYNTHESIZE.** Ability to develop policies, procedures, programs, or solutions to problems, ability to integrate or orchestrate to produce new ideas or strategies; ability to originate action (\*self starter\*).

17. Comments relating to ratings:

18. In the space below, provide your recommendations for this employees participation in the training/development program indicated, AND post utilization upon completion of the training which will ensure a return on the training investment.

19. SUPERVISOR'S NAME, TITLE &amp; GRADE

20. SIGNATURE

21. DATE